PATENT APPLICATION FEE DETERMINATION RECORD Effective (1, 2004)

Application or Docket Number

10/672445

(Column 1) (Column 2)								SMALL ENTITY TYPE		Ω.	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			Toolanin	'/	COID	1111 21	,			OR 1		
<u> </u>							ł	RATE	FEE		RATE	FEE
FOR			NUMBER	FILED	NUMBI	ER EXTRA		BASIC FEE	395,00	OR	BASIC FEE	790.00
TOTAL CHARGEABLE CLAIMS			minus 20= *					X\$ 9=.	٠	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =					x44=		OR	X88 =	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				•	+150=	•	OR	+300=	
		in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								•			OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING · AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 60	Minus	** (1	= .		X\$ 9= _		OR	X\$18=	
	Independent	* 5	Minus	*** (CLAIM	= (X44=	,	OR	X83≍	28 bd
<u> </u>	TITIOT FILESE	INTACION OF WI	LINDEIN	CLAIM			+ 150=	1.	OR	+840=		
							L	TOTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEEON ADDIT. F (Column 1) (Column 2) (Column 3)												· :: 5:)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TÍONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	:
AME	Independent	*	Minus	***		=		X44=		OR	X88=	***************************************
L_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		!	+150=:		OR	5 90=	
	•							TOTAL			TOTAL	•
								DDIT. FEE		OR	ADDIT. FEE	
	Contract Contract	(Column 1)	leave the complete region	(Colum		(Column 3)		:				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	0. 4/14	=		×44=		OR	×32+	
L	LINO! HHESE	NTATION OF MU	JETIPLE DEF	ENUENT	CLAIM		! 	+(50=		OR	+ <i>S</i> P10=	
* (* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	aid For" IN THI	S SPACE is	less that	n 3, enter "3."		TOTAL DDIT. FEE nd in the app	oropriate box		ADDIT. FEE	